

Send your marked-up letter by e-mail to:

sldcorrespondenceunit@sl.universalservice.org.

To be filed by e-mail, your marked-up letter should be scanned (TIF file format is preferred). Total file size of the e-mail message must be limited to less than 10 Megabytes. The SLD will automatically reply to incoming e-mails to confirm receipt.

Send your marked-up letter by fax to:

(973) 599-6526

6. Allowable corrections received in a timely fashion will be reflected in your ECDL. We will not make corrections that do not fall into the categories defined as allowable corrections above. Please note that, except for the automated e-mail response, the SLD will not advise you that we have received your "change request."
7. Please notify your service provider of any corrections to the RAL that you submit to the SLD. Your service provider has also received a copy of the original RAL letter. This correction will help your service provider keep your records updated.

EXPLANATION OF LINE ITEM INFORMATION

Certain information from each Block 5 of Form 471 Application Number 361208 that passed Minimum Processing Standards and that could be entered into our data system is shown below. There are six important components of information shown for each Block 5:

1. **ERN (Funding Request Number):** The unique number assigned by the SLD to each Block 5 of your Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.
2. **SPIN (Service Provider Identification Number):** The unique number assigned by USAC to the service provider you identified as providing the service included in this ERN.
3. **Service Provider Name:** The name of the service provider that you identified as providing the service included in this ERN.
4. **Category of Service:** The type of service for which you have requested discounts in each Block 5 funding request. The categories of services are: Telecommunications Services (Telc Svc); Internet Access (Inet Acc); Internal Connections (Intr Con).
5. **Pre-discount Dollar Amount:** The total annual pre-discount cost for each ERN. This amount is taken from Block 5, Item 23I.
6. **Discount Percentage:** The discount percentage from Block 5, Item 23J.

If you would like to view additional funding request data, click the "Data Requests" button on the SLD web site at www.sl.universalservice.org and follow the instructions provided. If you would like to view your entire Form 471 application, click the "Display" button in the Apply Online & View Forms area of the SLD web site and enter your Form 471 Application Number and Security Code.

MISSING ERNs

If information about a particular ERN is not included in the itemized list of Block 5 ERNs set forth above, this is because the ERN did not pass Minimum Processing Standards. If this is the case, you will receive a separate letter from the SLD informing you that these ERNs have been rejected, with an explanation of the reason for rejection. If you believe that there were ERNs included in your Form 471 that are not listed in this letter AND you do not receive a letter informing you that those ERNs are rejected, please write to us at the address listed at the bottom of this letter. See also "QUESTIONS ABOUT THIS LETTER" below.

Please note that the SLD Client Service Bureau may not have the information necessary to respond to your inquiry; therefore, your letter should be sent to the New Jersey address featured below.

FUTURE CONTACTS WITH PIA

It may be important for us to contact you as our PIA (Program Integrity Assurance) Team reviews the funding requests contained in your Form 471. Our requests for clarification and/or additional documentation will require a prompt response. The due date for such responses will be established at the time that the PIA Team contacts you. Please make sure that the contact person on your application is available to speak with the PIA Team or that a surrogate is available. In addition, you should monitor on a daily basis the fax and e-mail locations that you may have cited in your Form 471 for the applicant and for the contact person for the applicant.

COMMUNICATIONS WITH YOUR SERVICE PROVIDERS

The SLD is also sharing this FRN information with service providers whose SPINs are listed on Form 471 applications. This information is provided so that service providers can undertake the preparatory steps of identifying their potential customers for whom discounts may be issued. NO DISCOUNTS will be provided until after:

- the SLD issues the Funding Commitment Decision Letter for a particular application; AND
- technology plans, if applicable, have been approved; AND
- the applicant submits a Form 486 with a valid service start date.

The SLD encourages Form 471 applicants to contact their service providers to inform the service providers of the funding requests submitted to the SLD. Service providers may request additional information concerning the specific services contained within each funding request in order to facilitate discounted billing. Applicants are encouraged to share this information with service providers in order for the service providers to begin the preparatory billing steps.

QUESTIONS ABOUT THIS LETTER

If you have any questions regarding the above information, please write to us at:

SLD
Box 125-Correspondence Unit
80 South Jefferson Road
Whippany, NJ 07981

Schools and Libraries Division
Universal Service Administrative Company

FRN: 978263
SPIN: 143006793 Service Provider Name: Checkpoint Communications, Inc.
Category of Services: Intr Con
Pre-discount Dollar Amount: \$46,424.90
Discount Percentage: 90%

FRN: 978336
SPIN: 143006793 Service Provider Name: Checkpoint Communications, Inc.
Category of Services: Intr Con
Pre-discount Dollar Amount: \$64,774.08
Discount Percentage: 90%

FRN: 978422
SPIN: 143006793 Service Provider Name: Checkpoint Communications, Inc.
Category of Services: Intr Con
Pre-discount Dollar Amount: \$58,289.39
Discount Percentage: 90%

FRN: 980062
SPIN: 143006793 Service Provider Name: Checkpoint Communications, Inc.
Category of Services: Intr Con
Pre-discount Dollar Amount: \$601,579.14
Discount Percentage: 80%

FRN: 980077
SPIN: 143006793 Service Provider Name: Checkpoint Communications, Inc.
Category of Services: Intr Con
Pre-discount Dollar Amount: \$817,782.71
Discount Percentage: 90%

FRN: 980084
SPIN: 143006793 Service Provider Name: Checkpoint Communications, Inc.
Category of Services: Intr Con
Pre-discount Dollar Amount: \$766,213.88
Discount Percentage: 90%

FRN: 980099
SPIN: 143006793 Service Provider Name: Checkpoint Communications, Inc.
Category of Services: Intr Con
Pre-discount Dollar Amount: \$564,143.55
Discount Percentage: 90%

FRN: 980113
SPIN: 143006793 Service Provider Name: Checkpoint Communications, Inc.
Category of Services: Intr Con
Pre-discount Dollar Amount: \$884,243.94
Discount Percentage: 80%



Universal Service Administrative Company
Schools & Libraries Division

FUNDING COMMITMENT DECISION LETTER

(Funding Year 2003: 07/01/2003 - 06/30/2004)

March 3, 2004

MAR - 8 2004

GLENDALÉ UNIFIED SCHOOL DIST
Patrick Kennedy
223 N JACKSON ST
GLENDALÉ, CA 91206-4380

Re: Form 471 Application Number: 361208
Funding Year 2003: 07/01/2003 - 06/30/2004
Billed Entity Number: 143548
Applicant's Form Identifier: 2003CKPT471

Thank you for your Funding Year 2003 E-rate application and for any assistance you provided throughout our review. Here is the current status of the funding request(s) featured in the Funding Commitment Report at the end of this letter.

- The amount, \$1,188,658.46 is "Approved".

Please refer to the Funding Commitment Report on the page following this letter for specific funding request decisions and explanations.

NEW FOR FUNDING YEAR 2003

The Important Reminders and Deadlines immediately preceding this letter are provided to assist you throughout the application process.

NEXT STEPS

- Review technology planning requirements
- Review CIPA Requirements
- File Form 486
- Invoice the SLD using the Form 474 (service providers) or Form 472 (Billed Entity)

FUNDING COMMITMENT REPORT

On the pages following this letter, we have provided a Funding Commitment Report for the Form 471 application cited above. The enclosed report includes a list of the Funding Request Number(s) (FRNs) from your application. The SLD is also sending this information to your service provider(s) so preparations can be made to begin implementing your E-rate discount(s) upon the filing of your Form 486. Immediately preceding the Funding Commitment Report, you will find a guide that defines each line of the Report.

TO APPEAL THIS DECISION:

If you wish to appeal the decision indicated in this letter, your appeal must be POSTMARKED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which Funding Commitment

Decision(s) you are appealing. Indicate the relevant funding year and the date of the ECDL. Your letter of appeal must also include the Billed Entity Name, the Form 471 Application Number, and the Billed Entity Number from the top of your letter.

3. When explaining your appeal, copy the language or text from the Funding Commitment Report that is at the heart of your appeal, to allow the SLD to more readily understand your appeal and respond appropriately. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.
4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125 - Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We encourage the use of either the e-mail or fax filing options.

While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC). You should refer to CC Docket No. 02-6 on the first page of your appeal to the FCC. Your appeal must be POSTMARKED within 60 days of the above date on this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. If you are submitting your appeal via United States Postal Service, sent to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by contacting the Client Service Bureau. We strongly recommend that you use either the e-mail or fax filing options.

NOTICE ON RULES AND FUNDS AVAILABILITY

Applicants' receipt of funding commitments is contingent on their compliance with all statutory, regulatory, and procedural requirements of the Schools and Libraries Universal Service Support Mechanism. Applicants who have received funding commitments continue to be subject to audits and other reviews that the SLD and/or the FCC may undertake periodically to assure that funds that have been committed are being used in accordance with all such requirements. The SLD may be required to reduce or cancel funding commitments that were not issued in accordance with such requirements, whether due to action or inaction, including but not limited to that by the SLD, the applicant, or the service provider. The SLD, and other appropriate authorities (including but not limited to USAC and the FCC), may pursue enforcement actions and other means of recourse to collect erroneously disbursed funds. The timing of payment of invoices may also be affected by the availability of funds based on the amount of funds collected from contributing telecommunications companies.

Schools and Libraries Division
Universal Service Administrative Company

A GUIDE TO THE FUNDING COMMITMENT REPORT

A report for each E-rate funding request from your application is attached to this letter. We are providing the following definitions for the items in that report.

FORM 471 APPLICATION NUMBER: The unique identifier assigned to a Form 471 application by the SLD.

FUNDING REQUEST NUMBER (FRN): A Funding Request Number is assigned by the SLD to each Block 5 of your Form 471 once an application has been processed. This number is used to report to Applicants and Service Providers the status of individual discount funding requests submitted on a Form 471.

FUNDING STATUS: Each FRN will have one of the following definitions:

1. An FRN that is "Funded" will be approved at the level that the SLD determined is appropriate for that item. The funding level will generally be the level requested unless the SLD determines during the application review process that some adjustment is appropriate.
2. An FRN that is "Not Funded" is one for which no funds will be committed. The reason for the decision will be briefly explained in the "Funding Commitment Decision," and amplification of that explanation may be offered in the section, "Funding Commitment Decision Explanation." An FRN may be "Not Funded" because the request does not comply with program rules, or because the total amount of funding available for this Funding Year was insufficient to fund all requests.
3. An FRN that is "As Yet Unfunded" reflects a temporary status that is assigned to an FRN when the SLD is uncertain at the time the letter is generated whether there will be sufficient funds to make commitments for requests for Internal Connections at a particular discount level. For example, if your application included requests for discounts on both Telecommunications Services and Internal Connections, you might receive a letter with funding commitments for your Telecommunications Services funding requests and a message that your Internal Connections requests are "As Yet Unfunded." You would receive one or more subsequent letters regarding the funding decision on your Internal Connections requests.

SERVICES ORDERED: The type of service ordered from the service provider, as shown on Form 471.

SPIN (Service Provider Identification Number): A unique number assigned by the Universal Service Administrative Company to service providers seeking payment from the Universal Service Fund for participating in the universal service support mechanisms. A SPIN is also used to verify delivery of services and to arrange for payment.

SERVICE PROVIDER NAME: The legal name of the service provider.

CONTRACT NUMBER: The number of the contract between the eligible party and the service provider. This will be present only if a contract number was provided on Form 471.

BILLING ACCOUNT NUMBER: The account number that your service provider has established with you for billing purposes. This will be present only if a Billing Account Number was provided on Form 471.

EARLIEST POSSIBLE EFFECTIVE DATE OF DISCOUNT: The first possible date of service for which the SLD will reimburse service providers for the discounts for the service.

CONTRACT EXPIRATION DATE: The date the contract expires. This will be present only if a contract expiration date was provided on Form 471.

SITE IDENTIFIER: The Entity Number listed in Form 471, Block 5, Item 22a will be listed. This will appear only for "site specific" FRNs.

ANNUAL PRE-DISCOUNT AMOUNT FOR ELIGIBLE RECURRING CHARGES: Eligible monthly pre-discount amount approved for recurring charges multiplied by number of months of recurring service provided in the funding year.

ANNUAL PRE-DISCOUNT AMOUNT FOR ELIGIBLE NON-RECURRING CHARGES: Annual eligible non-recurring charges approved for the funding year.

PRE-DISCOUNT AMOUNT: Amount in Form 471, Block 5, Item 23I, as determined through the application review process.

DISCOUNT PERCENTAGE APPROVED BY THE SLD: This is the discount rate that the SLD has approved for this service.

FUNDING COMMITMENT DECISION: This represents the total amount of funding that the SLD has reserved to reimburse service providers for the approved discounts for this service for this funding year. It is important that you and the service provider both recognize that the SLD should be invoiced and the SLD may direct disbursement of discounts only for eligible, approved services actually rendered.

FUNDING COMMITMENT DECISION EXPLANATION: This entry may amplify the comments in the "Funding Commitment Decision" area.

FUNDING COMMITMENT REPORT

Form 471 Application Number: 361208

Funding Request Number: 980062 Funding Status: Funded

Services Ordered: Internal Connections

SPIN: 143006793

Service Provider Name: Checkpoint Communications, Inc

Contract Number: 25-99/00

Billing Account Number: 818 241-3111

Earliest Possible Effective Date of Discount: 07/01/2003

Contract Expiration Date: 06/30/2004

Site Identifier: 102316

Annual Pre-discount Amount for Eligible Recurring Charges: \$.00

Annual Pre-discount Amount for Eligible Non-recurring Charges: \$601,579.14

Pre-discount Amount: \$601,579.14

Discount Percentage Approved by the SLD: 80%

Funding Commitment Decision: \$481,263.31 - FRN approved as submitted

Funding Request Number: 980113 Funding Status: Funded

Services Ordered: Internal Connections

SPIN: 143006793

Service Provider Name: Checkpoint Communications, Inc

Contract Number: 25-99/00

Billing Account Number: 818 241-3111

Earliest Possible Effective Date of Discount: 07/01/2003

Contract Expiration Date: 06/30/2004

Site Identifier: 102321

Annual Pre-discount Amount for Eligible Recurring Charges: \$.00

Annual Pre-discount Amount for Eligible Non-recurring Charges: \$884,243.94

Pre-discount Amount: \$884,243.94

Discount Percentage Approved by the SLD: 80%

Funding Commitment Decision: \$707,395.15 - FRN approved as submitted

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+ toll*

Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hours
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier G U S D 4 8 6 H (Create your own code to identify THIS Form 486.)	Form 486 Application # 252554 (To be inserted by Fund Administrator)
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Block 1: Billed Entity Information

1. Name of Billed Entity

G L E N D A L E U N I F I E D S C H O O L D I S T

2. Billed Entity Number

1 4 3 5 4 8

3. Funding Year

2 0 0 3

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

2 2 3 N J A C K S O N S T

City

G L E N D A L E

State

Zip Code

C A 9 1 2 0 6 4 3 3 4

Telephone Number

Extension

Fax Number

8 1 8 2 4 1 3 1 1 1

8 1 8 5 4 6 2 1 0 1

Email Address



0 4 8 6 0 1 0 1 0 3

Entity Number 143548 Applicant's Form Identifier GUSD486H
Contact Person Patrick Kennedy Phone Number (818) 241-3111 Ext. 470

5. Contact Person Information

Contact Person Name

P a t r i c k K e n n e d y

Street Address, P.O. Box or Route Number

2 2 3 N J A C K S O N S T

City

G L E N D A L E

State Zip Code

C A 9 1 2 0 6 4 3 8 0

Check the box next to the preferred mode of contact. (At least one box MUST be checked.)

Telephone Number

Extension

Fax Number

8 1 8 2 4 1 3 1 1 1 4 7 0 8 1 8 5 4 6 2 1 0 1

☒ Email Address

p k e n n e d y @ g u s d . n e t

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, has begun or has planned to begin to receive service after receiving a funding commitment approval pursuant to FCC Form 471.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of an FCC statute, regulation, rule or order, your application may be referred to the federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding. In addition, consistent with the Communications Act of 1934, FCC regulations and orders, the Freedom of Information Act, 5 U.S.C. § 552, or other applicable law, information provided in or submitted with this form or in response to subsequent inquiries may be disclosed to the public.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 15.0 hours for the first submission and 1.5 hours for subsequent submissions, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.



Entity Number	143548	Applicant's Form Identifier	GUSD486H
Contact Person	Patrick Kennedy	Phone Number	(818) 241-3111 Ext. 470

Block 2: Early Filing Information and CIPA Waiver Requests

6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING **ON OR BEFORE** JULY 31 OF THE FUNDING YEAR.

The Funding Requests listed in Block 3 have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.

Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.

6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

6c. CIPA Waiver for Libraries for Funding Year 2004

CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.

I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.



Entity Number <u>143548</u> Contact Person <u>Patrick Kennedy</u>	Applicant's Form Identifier <u>GUSD486H</u> Phone Number <u>(818) 241-3111 Ext. 470</u>
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Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3.
 If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 ^A

	(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Billing Account Number (if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	3 6 1 3 8 5	9 8 2 1 4 2	818 241-3111	Cusato & Company	1 4 3 0 2 4 1 3 5	0 3 0 8 2 0 0 4
2	3 6 1 3 8 5	9 8 2 2 1 1	818 241-3111	Cusato & Company	1 4 3 0 2 4 1 3 5	0 3 0 8 2 0 0 4
3	3 6 1 4 3 4	9 8 1 7 8 5	818 241-3111	Perfect Networks, Ir	1 4 3 0 2 0 7 9 5	0 3 0 8 2 0 0 4
4	3 6 1 4 3 4	9 8 1 8 9 9	818 241-3111	Perfect Networks, Ir	1 4 3 0 2 0 7 9 5	0 3 0 8 2 0 0 4
5	3 6 1 2 0 8	9 8 0 0 6 2	818 241-3111	Checkpoint Commu	1 4 3 0 0 6 7 9 3	0 3 0 8 2 0 0 4
6	3 6 1 2 0 8	9 8 0 1 1 3	818 241-3111	Checkpoint Commu	1 4 3 0 0 6 7 9 3	0 3 0 8 2 0 0 4
7						
8						

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Entity Number	143548	Applicant's Form Identifier	GUSD486H
Contact Person	Patrick Kennedy	Phone Number	(818) 241-3111 Ext. 470

Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.

G l e n d a l e B o a r d o f E d u c a t i o n , C
a l i f o r n i a S t a t e B o a r d o f E d u c a
t i o n

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 *except for those services provided under tariff or month-to-month arrangements*. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d.

A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.



Entity Number	143548	Applicant's Form Identifier	GUSD486H
Contact Person	Patrick Kennedy	Phone Number	(818) 241-3111 Ext. 470

11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:

I certify that as of the date of the start of discounted services:

- a. ☒ the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).
- b. pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.
- c. the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES¹:

- d. I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.
- e. I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:

- f. I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR
- g. I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

¹ See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."



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Entity Number	143548	Applicant's Form Identifier	GUSD486H
Contact Person	Patrick Kennedy	Phone Number	(818) 241-3111 Ext. 470

I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

12. Signature of authorized person

13. Date

14. Printed name of authorized person

P a t r i c k K e n n e d y

15. Title or position of authorized person

D i r e c t o r

16a. Street Address, P.O. Box, or Route Number

2 2 3 N o r t h J a c k s o n S t r e e t

City

G l e n d a l e

State

Zip Code

C A 9 1 2 0 6 4 3 8 0

16b. Telephone number of authorized person

Extension

16c. Fax number of authorized person

8 1 8 2 4 1 3 1 1 1 4 7 0

8 1 8 2 4 7 8 2 5 4

16d. Email address of authorized person

p k e n n e d y @ g u s d . n e t

Please submit this form to:

SLD-Form 486
P. O. Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD-Form 486
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100



Form 486 - Application Number and Security Code

Billed Entity Number: 143548 Billed Entity Name: GLENDALE UNIFIED
SCHOOL DIST

Form 486 Application Number: 252554

Form 486 Security Code: 15504

IMPORTANT: PLEASE RECORD YOUR FORM 486 APPLICATION
NUMBER AND SECURITY CODE. IF YOU EXIT BEFORE
COMPLETING THIS INTERVIEW, YOU WILL NEED THESE TWO
NUMBERS TO RETURN TO THIS INTERVIEW.

[SLD Home](#) | Client Service Bureau: 1-888-203-8100

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1.0.1424.15284

Applicant's Form Identifier: GUSD486H

Entity Number: 143548

Contact Person: Patrick Kennedy

Phone Number: (818) 241-3111 Ext. 470

Certifications and Signature

Do not write in this area

486 Application Number: 252554

1. I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurements of services for which support is being sought.
2. I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
3. I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
4. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service receive an appropriate share of benefits from those services.
5. I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
6. I certify that I am authorized to submit this request on behalf of the above-named institution, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

7. Signature of authorized person Cert ID = 55042

8. Date 3/8/2004

8. Printed name of authorized person Patrick Kennedy

9. Title or position of authorized person Director

10a. Street Address, P.O Box or Route Number 223 North Jackson Street
Glendale, CA 91206-4380

10b. Telephone number of authorized person (818) 241 - 3111 x 470

10c. Fax number of authorized person: (818) 247-8254

10d. E-mail of authorized person: pkennedy@gusd.net

ATTENTION: If you are signing Form 486 using the PIN assigned to you by SLD, you are reminded that using the PIN is equivalent to your handwritten signature on the form. Your use of the PIN to affirm these certifications means that should they prove untrue, you will be held to the same enforcement standards as those who affirm the certifications on paper. Also, by using the PIN, you are affirming that you have the authority to make these certifications and represent the entity featured in Block One of this funding request.

Please Check to affirm your compliance ☒

486 Application Number: 252554
GLENDALE UNIFIED SCHOOL DIST
223 N JACKSON ST
GLENDALE , CA 91206 -4334

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communication Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 486) with the Universal Service Administrator. 47 C.F.R. ? 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. ? 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. ? 54.504. All schools and libraries planning to order services eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation of potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized.

With the exception of your social security number, if you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. ? 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. ? 3501, et seq.

Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Please retain a copy of this page and submit a copy with any communications to the SLD.

[Return to SLD Home Page](#)

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Schools and Libraries Division

Do not write in this space.

Approval by OMB

3060 - 0856

Universal Service for Schools and Libraries

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours
(To be completed by schools, libraries, or consortia.)

BILLED ENTITY APPLICANT REIMBURSEMENT FORM

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

Only one Service Provider Identification Number (SPIN) per form.

Must be completed and signed by the Billed Entity Applicant and signed by the relevant service provider.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended. 47 U.S.C. § 254.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this form is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your form may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the federal government, the taxpayer identification number and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide this information to these agencies through the matching of computer records when authorized. If you do not provide the information requested on the form, your form may be returned without action or your form may be delayed. The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

BLOCK 1: HEADER INFORMATION

1. 471 Billed Entity Applicant Name (30 characters maximum)	Glendale Unified School Dist
2. 471 Billed Entity Applicant Number (10 digits maximum)	143548
3. Service Provider Identification Number (SPIN) (9 digits maximum)	143006793
4. Contact Name (30 characters maximum)	Patrick Kennedy
5. Contact Telephone Number (14 digits maximum)	818 241-3111 ext 470
6. Reimbursement Form Number (assigned by Billed Entity Applicant--25 characters maximum)	Toll/Balboa
7. Reimbursement Form Date to SLC (mm/dd/yyyy)	6/25/4
8. Total Reimbursement Amount (total of Block 2, Item 15 -- 14.2 digits maximum)	\$ 624,782.40

Billed Entity Applicant Reimbursement Form

For reimbursement of discounts on approved services already paid for by the Billed Entity Applicant.

471 Billed Entity Applicant Name Glendale Unified School Dist 471 Billed Entity Applicant Number 143548 Contact Name Patrick Kennedy
 Contact Telephone Number 818 241-3111 ext 470 Reimbursement Form Number Toll/Balboa

BLOCK 2: LINE ITEM INFORMATION PER FUNDING REQUEST NUMBER

	(9) FCC Form 471 Application Number (10 digits) (from Funding Commitment Decisions Letter)	(10) Funding Request Number (FRN) (10 digits) (from Funding Commitment Decisions Letter)	(11) Bill Frequency	(12) Customer Billed Date (mm/yyyy)	(13) Shipping Date to Customer or Last Day of Work Performed (mm/dd/yyyy)	(14) Total (Undiscounted) Amount for Service (14.2 digits max.)	(15) Discount Amount Billed to SLC (14.2 digits max.)
			DO NOT WRITE IN THIS COLUMN.	For each FRN, complete either Column (12) or Column (13), but not both Columns		14.2 digits allows for dollars and cents	
1	361208	980062		02/2004	3al	\$ 136,912.50	\$ 109,530.00
2	361208	980062		03/2004	3al	\$ 66,918.00	\$ 53,534.40
3	361208	980062		05/2004	3al	\$ 67,429.50	\$ 53,943.60
4	361208	980113		08/2003	T	\$ 68,068.00	\$ 54,454.40
5	361208	980113		09/2003	T	\$ 36,994.00	\$ 29,595.20
6	361208	980113		11/2003	T	\$ 52,950.00	\$ 42,360.00
7	361208	980113		11/2003	T	\$ 36,994.00	\$ 29,595.20
8	361208	980113		12/2003	T	\$ 102,912.00	\$ 82,329.60
9	361208	980113		01/2004	T	\$ 52,950.00	\$ 42,360.00
10	361208	980113		02/2004	T	\$ 52,950.00	\$ 42,360.00
11	361208	980113		05/2004	T	\$ 105,900.00	\$ 84,720.00
12							
13							
14							
TOTAL REIMBURSEMENT AMOUNT TO BE ENTERED INTO ITEM (8)							\$ 624,782.40

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Glendale Unified School Dist
 471 Billed Entity Applicant Number 143548
 Contact Person Name Patrick Kennedy
 Contact Telephone Number 818 241-3111 ext 470
 Reimbursement Form Number Toll/Balboa

Block 4: Service Provider Acknowledgment

I certify that I am authorized to submit this Service Provider Acknowledgment for this Billed Entity Applicant Reimbursement Form, and acknowledge to the best of my knowledge, information and belief, as follows:

- A. The service provider must remit the discount amount authorized by the fund administrator to the Billed Entity Applicant who prepared and submitted this Billed Entity Applicant Reimbursement Form as soon as possible after the fund administrator's notification to the service provider of the amount of the approved discounts on this Billed Entity Applicant Reimbursement Form, but in no event later than 10 calendar days after receipt of the reimbursement payment from the fund administrator, subject to the restriction set forth in B. below.
- B. The service provider must remit payment of the approved discount amount to the Billed Entity Applicant prior to tendering or making use of the payment issued by the Universal Service Administrative Company to the service provider of the approved discounts for the Billed Entity Applicant Reimbursement Form.

22. Signature of authorized person (fax, copy or original signature)

23. Date (required)

24. Printed name of authorized person (required)

25. Title or position of authorized person (required)

26. Telephone number of authorized person (required)

27. Address of authorized person (required)

Page 4 of 4 pages

FCC Form 472 - October 1998

A paper copy of this Form (pages 1-4) should be mailed to:

SLC-BEAR Form
 P. O. Box 7026
 Lawrence, KS 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form (pages 1-4) should be mailed to:

SLC-BEAR Form
 c/o Ms. Smith
 3833 Greenway Drive
 Lawrence, KS 66048

BILLED ENTITY APPLICANT Reimbursement Form

471 Billed Entity Applicant Name Glendale Unified School Dist
471 Billed Entity Applicant Number 143548
Contact Person Name Patrick Kennedy
Contact Telephone Number 818 241-3111 ext 470
Reimbursement Form Number Toll/Balboa

Block 3: Billed Entity Applicant Certification

I certify that I am authorized to submit this Billed Entity Applicant Reimbursement Form on behalf of the eligible schools, libraries, or consortia of those entities represented on this Form, and certify to the best of my knowledge, information and belief, as follows:

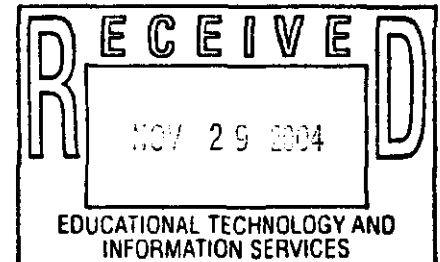
- A. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form represent charges for eligible services delivered to and used by eligible schools, libraries, or consortia of those entities for educational purposes, on or after the actual service start date reported on the associated Form 486.
- B. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form were already billed by the service provider and paid by the Billed Entity Applicant on behalf of eligible schools, libraries, and consortia of those entities.
- C. The discount amounts listed in Column (15) of this Billed Entity Applicant Reimbursement Form are for eligible services approved by the fund administrator pursuant to a Form 471 Funding Commitment Decisions Letter.
- D. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.

16. Signature of authorized person (original ink signature required)	17. Date (required) 6/22/2004
18. Printed name of authorized person (required) Patrick Kennedy	
19. Title or position of authorized person (required) Director Procurement & Contracts	
20. Telephone number of authorized person (required) 818 241-3111 ext 470	
21. Address of authorized person (required) 223 North Jackson Street, Glendale, Ca 91206	

Form 472 (BEAR Form) Notification Letter

November 19, 2004

Checkpoint Communications Inc.
James Shoaff
2168 Michelson
Irvine, CA 92612



Re: Form 472 Invoice Number: 473743
Service Provider Identification Number: 143006793
Applicant Form 472 Identifier: TOLL/BALBOA
Billed Entity Number: 143548

GLENDALÉ UNIFIED SCHOOL DIST
PATRICK KENNEDY
223 N JACKSON ST
GLENDALÉ, CA 91206

Preferred Mode of Contact: E-mail at pkennedy@gusd.net
Total Amount of Reimbursement Approved for Payment: \$192198.00

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company (USAC) has received and accepted a Form 472 from the above named applicant listing you as the service provider. The SLD has committed to reimburse the discounted portion of the cost of eligible services provided to eligible entities pursuant to one or more Forms 471. As stated in the Form 486 Notification Letter sent to you previously, the applicant has filed a Form 486 advising the SLD that service delivery has begun. The applicant has completed this Form 472 with your assistance, seeking reimbursement of the discounted portion of bills already paid in full to you since the effective date of the discount.

The SLD has processed the Form 472. Pursuant to the Service Provider Acknowledgment page of the Form 472 which you signed, you must remit to the applicant the amount shown as "Total Amount of Reimbursement Approved for Payment" above, no later than 10 calendar days after receipt of payment of the approved discounts from USAC. You also agreed not to tender or make use of the payment of the approved discounts issued by USAC to you prior to remitting the discount to the applicant.

The USAC check should be mailed to the service provider named above within 20 calendar days of the date of this letter.

To reimburse the "Total Amount of Reimbursement Approved for Payment," to the applicant, the service provider may (1) issue a check or (2) issue a credit to the applicant. The decision as to which form the reimbursement should take should be a mutual one between the service provider and the applicant.

The maximum remaining amount available for each Funding Request Number (FRN) listed on the synopsis on the following page(s) will be the original commitment less the amount approved herein for reimbursement and less any earlier disbursements to the applicant.

PLEASE NOTE: Beginning with Funding Year 2000 (07/01/2000 - 06/30/2001), if the first payment request processed for an FRN is on a Form 472, all subsequent payment requests for that FRN must be made on a Form 472; a Form 474 (Service Provider Invoice Form) for that FRN will not be accepted.

EXPLANATION OF INFORMATION PROVIDED IN THIS FORM 472 (BEAR FORM) NOTIFICATION LETTER

To help understand the Form 472 Notification Letter Applicant Reimbursement Synopsis the following definitions are provided.

Funding Request Number (FRN): A Funding Request Number is assigned by the SLD to each Block 5 of a Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

471 Application Number: A unique identifier assigned to a Form 471 by the SLD, from page 1 of the Form 471.

Funding Year: The funding year for which discounts have been approved. Funding years begin on July 1 and end on the following June 30. Funding years are designated by the calendar year in which they begin.

Contract Number: The contract or agreement number as identified in Block 5, Item 15 of the Form 471.

Funding Commitment Decision: This represents the TOTAL amount of funding that the SLD has reserved to reimburse the cost of the discounts for this service for the specified funding year.

Reimbursement Amount for this FRN: This is the amount of reimbursement to the applicant that has been approved for this FRN on this Form 472.

Reimbursement Request Decision Explanation (SHOWN ONLY IF RELEVANT): This is the reason(s) that a Reimbursement Request was reduced or rejected.

Schools and Libraries Division
Universal Service Administrative Company
CC: GLENDALE UNIFIED SCHOOL DIST

FORM 472 NOTIFICATION LETTER APPLICANT REIMBURSEMENT SYNOPSIS

Funding Request Number: 980062
471 Application Number: 361208
Funding Year : 07/01/2003 - 06/30/2004
Contract Number: 25-99/00
Funding Commitment Decision: \$481263.31
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Svc Start Dt<Svc Rcvd Dt-486 SSD Adj;

Funding Request Number: 980062
471 Application Number: 361208
Funding Year : 07/01/2003 - 06/30/2004
Contract Number: 25-99/00
Funding Commitment Decision: \$481263.31
Reimbursement Amount for this FRN: \$53534.40

Funding Request Number: 980062
471 Application Number: 361208
Funding Year : 07/01/2003 - 06/30/2004
Contract Number: 25-99/00
Funding Commitment Decision: \$481263.31
Reimbursement Amount for this FRN: \$53943.60

Funding Request Number: 980113
471 Application Number: 361208
Funding Year : 07/01/2003 - 06/30/2004
Contract Number: 25-99/00
Funding Commitment Decision: \$707395.15
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Svc Start Dt<Svc Rcvd Dt-486 SSD Adj;

Funding Request Number: 980113
471 Application Number: 361208
Funding Year : 07/01/2003 - 06/30/2004
Contract Number: 25-99/00
Funding Commitment Decision: \$707395.15
Reimbursement Amount for this FRN: \$0.00
Reimbursement Request Decision Explanation:
Svc Start Dt<Svc Rcvd Dt-486 SSD Adj;
